

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.5em; font-family: cursive;">10777373</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

Filing Date

Applicant(s)

* May be used for additional claims or amendments